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SCARLET FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having just perused, in your Journal of the 16th of February, Dr. Wood's treatment of scarlet fever, I have taken the liberty of sending you my own views and practice in this disease. We country physicians not being so much guarded as others by rules of professional etiquette, are perhaps too apt to adopt independent rules of practice, and to adhere to them whether right or wrong. Those who look with contempt on the practice and experience of country physicians, do so without reflection. Our opportunities for observation are far greater than such persons anticipate; and not being able to visit our patients so often, we are led to anticipate more closely changes which may occur in our absence. We cannot at all times call in a fellow practitioner, to return us a compliment which we may have made him, by strengthening our position with the friends by the declaration that all is right; but we have to make good our position and abide its consequences—and I can assure you that we are very strictly watched. You see, therefore, that we are often thrown on our own resources, in cases where a city physician could readily call in some one to divide his responsibility.

I have had formerly much experience in scarlet fever. In the year 1832 I had nearly 800 cases, which assumed all shades and all degrees of malignity, from the mildness of the flea-bite to the virulence of the plague. What puzzled me much, was the great diversity in the character of the disease, and the great discrepancy among authors as to its nature and treatment. I found it breaking out here and there without exposure. In some cases several were sick in a family, and in others one or two; and besides, in some cases the rash would appear without the sore throat, in others the affection of the throat without the rash, in others both combined. In some cases in the same family it would manifest itself in enlargement of the parotid gland; but this usually occurred in infants at the breast. In others, the patient would be found in a state of collapse, with mottled, checked or purple appearance beneath or in the skin, without eruption or elevation of the surface. Now, thought I, can this be a contagious disease, exhibiting itself in such a diversity of forms? If so, why does it appear here and

there without exposure? And besides, contagious diseases have something specific in their progress; but in this, all appeared chaotic, not only in its protean character, but also in the treatment as laid down by different authors. Now can order be brought out of confusion? With such reflections I carefully observed the different forms of the disease. At the same time I examined the throats of hundreds within its endemic influence, but who were not sick. In all these cases I found congestion and engorgement of the papillæ of the tongue, with elongation of the soft palate, and some degree of purple appearance about the fauces. The cases of collapse resembled the appearances which I had observed in those exposed to fixed air from burning charcoal, and I had also observed in the latter an eruption somewhat analogous to that of scarlatina.

From these facts I came to the conclusion that the cause producing scarlatina was atmospheric; that the first abnormal change was congestion or passive engorgement, or apoplexy of the mucous membrane, extending from the mouth through all its ramifications in the stomach and intestines, the bronchiæ and air-cells of the lungs, as well as in the nostrils and Eustachian tubes to the internal ear. Now what is the first and immediate effect of this congested state of the mucous membrane? An impaired function of the lungs; the blood is imperfectly decarbonized, and so great is the suspension of the function of aeration, that in severe cases the patient falls into a state of collapse, and dies as he would from the respiration of fixed air, without re-action—the dark-mottled appearance of the skin, in these cases, furnishing the only characteristic symptom as pointing out the nature of the disease. In slighter cases this first stage is not observed, and there appears no indication of illness till the eruption appears in the skin. In other more severe cases, the soft palate and fauces become dark and ulcerated, or the retained carbon and perhaps some other noxious principle which induced the disease is spent by irritation of the parotid glands. This engorgement of the capillary vessels, which constitutes essentially the disease (all the other morbid states being the result), produces as stated an impaired state of the function of respiration, or suspension of it. In the latter case the patient falls into a state of collapse, and dies; but when the function is impaired, the carbon is retained and its deleterious effect is manifested by the peculiar eruption which gives the name to this disease. In the congestive stage the vessels of the throat are so over-distended as to lose their vitality, and the parts fall into ulceration or gangrene. If this congestion be removed before the contractile power of the vessels is lost, they fall into a state of collapse; but the function of the mucous surface is not immediately restored—the membrane assuming a shining and glazed appearance. This state of the tongue is without doubt an index to that of the lining membrane of the stomach. By this condition of its mucous coat its function is impaired, and it is from this cause that so many fatal cases of relapse occur from improper food, even after slight cases of scarlatina. I believe that in the mildest cases of this disease, this red and glazed appearance of the tongue is ever an attendant, so much so that an experienced observer can tell by this the character of the disease.

Having taken this view of cause and effect, as constituting this disease in all its protean characteristics, I was led to the adoption of the following practice, and twenty-five years' experience has confirmed my opinion of its correctness. In the early stage, while there is still congestion in the mucous membrane, I give an infusion of Cayenne pepper, repeating every ten or fifteen minutes till some effect is observed in the lessening of the purple appearance in the throat—giving it, perhaps, six or eight times. I then give ipecac: to produce free vomiting; and in case the throat is dark and somewhat ulcerated, I add sulphate of copper. In this case the pepper excites the vessels to action, and the concussion produced by the emetic is generally sufficient to relieve the oppressed membrane, and to restore the function of the lungs. If, however, there remain any purple appearance about the fauces and soft palate, I continue the pepper every hour till it is removed. I then treat the disease as mildly inflammatory. As this disease is one of extreme irritability, and the mucous coat of the stomach is in a glazed state, with its function impaired, I give but very little medicine. I usually give mucilages, and occasionally a little warm sage tea, and put the patient under the influence of belladonna. I use the German solution of the extract (three grains to the ounce). This I continue during the whole progress of the disease; and I am confident that no physician who has not given it a thorough trial is aware of its good effect. It lessens the violence of the disease, keeps out the eruption, and effectually equalizes the circulation in the capillary vessels. Since 1832 I have given it as a preventive, with invariable success whenever the directions were complied with. In fact, as I view the disease, no one can take it if brought under the influence of belladonna, for it effectually, by its action on the capillary vessels, prevents the congestion which primarily constitutes the disease. The tincture of colchicum and that of the *Phytolacca Decandra*, would unquestionably exert the same preventive powers. The relapse in scarlatina depends, no doubt, on the retention of too much carbon in the blood, with perhaps some of the deleterious miasm which first induced the disease, and as free action of the skin tends to eliminate this, Dr. Wood's practice would probably prove beneficial. If exposure to cold be avoided, and a careful regimen prescribed for a few days, there will be no danger of relapse. I think no solid food should be taken until the tongue has lost its glazed appearance. Cayenne pepper should never be used after the congestion in the mucous membrane is removed. I must, however, say, that, as far as I have observed the practice of others in this disease, the indiscriminate use of pepper, as practised by Thomsonians, has been far more successful than that of some physicians who treat it as inflammatory from its commencement (without reference to that passive state of engorgement which ushers in the disease), with their calomel, antimony, and cathartics. The one unnecessarily keeps up irritation, but his practice has removed the first morbid condition; while the other permits this congestion to continue, until fatal results ensue, which are often accelerated by calomel and other irritating medicines.

The question may be asked—Do you consider this disease contagious? I answer—Certainly not. In 1832 it prevailed for 50 miles

there without exposure? And besides, contagious diseases have something specific in their progress; but in this, all appeared chaotic, not only in its protean character, but also in the treatment as laid down by different authors. Now can order be brought out of confusion? With such reflections I carefully observed the different forms of the disease. At the same time I examined the throats of hundreds within its endemic influence, but who were not sick. In all these cases I found congestion and engorgement of the papillæ of the tongue, with elongation of the soft palate, and some degree of purple appearance about the fauces. The cases of collapse resembled the appearances which I had observed in those exposed to fixed air from burning charcoal, and I had also observed in the latter an eruption somewhat analogous to that of scarlatina.

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around me, ever occurring in isolated families. Why, then, do those who are exposed take it? They do not take it from the sick, but from the same endemic influence, and you will find its effects in examining all in the same locality. But why do several in the same family have it, while others escape? Because there is similarity of constitution, and the same susceptibility to receive morbid impressions. Such members would have had it if kept a mile apart in the same locality. Such cases I have known. Contagious diseases cannot be prevented by medicine, but belladonna will prevent the access of this disease (if the extract is good); and besides, contagious diseases do not expose to relapse, while exposure to cold or over-eating disposes to it in this, during any period within two weeks.

M. F. COLBY, M.D.

Stanstead, Can. East, May 19, 1853.

LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER VI.

It would be easy to unite in the same description simple anteversion, anteflexion, and anteversion with flexion, since these forms of displacement have extremely numerous points of resemblance; but, as there are also certain differences, I think we shall be able to give a more exact and more complete view, by first describing simple anteversion, and then indicating wherein the two other forms differ from or resemble it.

In respect to anteversion, I shall enter into somewhat extended details, which will enable us to proceed more rapidly in the description of the other displacements, because then we shall have a type—a point of departure necessary to the understanding of the subject.

Definition.—There is simple anteversion (*pronatio-uteri*)—when, there being no flexion of the organ, the body of the uterus is inclined forward.

As the movement of inclination takes place about an imaginary point, situated not at the inferior portion of the neck of the womb, but near the junction of the body with the cervix, it occurs, as a natural result, that the cervix is borne upward and backward, when the body is inclined downward and forward.

Among the cases of anteversion which have come under our observation, 21 have been observed in a manner sufficiently exact to be of service in the study of this disease. The thesis of M. Ameline contains 18 cases, but since he did not observe them all himself, since he was not possessed of all the information relative to them which could be desired, and since he was not able in any way to verify those which were communicated to him, I shall avail myself only of the 21 cases collected by myself, having recourse to those of the above-mentioned writer, or to those recorded by other authors, merely for the purpose of comparison.

Causes.—We would mention first among the causes of anteversion, as well as of all other displacements, the *form* and the *anatomical posi-*

tion of the uterus. This organ possesses a considerable degree of mobility in the pelvis. It is supported by lax ligaments, susceptible of elongation, or of contraction, and may be consequently pushed forward, backward, or laterally, by changes in surrounding organs, by tumors, &c. Furthermore, the large extremity of the uterus being situated superiorly, allows the centre of gravity to be shifted, and the organ to swing over more easily than these changes could take place under opposite conditions.

It has been thought, further, that the *periodical congestions* to which the uterus is subjected during menstruation must favor the operation of these causes. But, to this it may be objected that if the length of the womb augments, at the catamenial period, all its other diameters increase in the same proportion, and thus the centre of gravity is not shifted.

The other physiological causes to which great importance has been attached are, first, the *changes in volume to which the organs surrounding the uterus are subjected*, and which, as I have just said, may push this organ in different directions; and, secondly, the *relaxation of the ligaments*, in consequence of the traction undergone by them during pregnancy, in such a manner that they lose the power of effectually resisting the action of the causes just enumerated.

I must tell you, gentlemen, that several of these so-called causes have been alleged to be such from physiological considerations, and, that the study of cases has not as yet established their existence. It would be necessary, in order to remove all uncertainty on this head, that we should be able to consult the results of quite a considerable number of autopsies. But, at present, science possesses only a few records of post-mortem examinations, the greater part of which have been made upon subjects in which the disease had not been observed during life. Thus, when the state of the uterus and its appendages or of the organs in its neighborhood, is spoken of, reference is almost uniformly made to inferences drawn from the examination of these parts in the living subject, and not to strict demonstrations derived from necroscopic researches. But, I dwell no longer upon these causes, which, I repeat, are common to all displacements, and to which, consequently, I shall not have to recur.

Age.—M. Ameline says he has never seen anteversion before puberty. M. Huguier, however, has seen a case of congenital anteversion, and I myself met with the following probable case:—A young girl who had been directed to me, at the "Hôpital Beaujon," by M. Gillette, died of a typhoid fever, without having complained of the slightest symptom on the part of the uterus. There was no occasion, in such an affection, for examining this organ during life. But, at the autopsy, we found it lying transversely, and so situated that the body of the organ actually rested upon the bladder. It was light and not bulky, and had contracted no abnormal adhesions to the neighboring tissues.

This case tends to prove that displacement can exist without symptoms, up to a certain age. But, would not this condition of the parts be a sufficient reason for us to fear the appearance of symptoms, at a later period, when the organ should have attained its entire develop-

ment? As to the patients who presented themselves to us with symptoms sufficiently grave to induce them to ask our interference, they were from 20 to 38 years of age, at the time we first saw them—the average age of the whole being 30 years. But it should be recollected, that in all these cases, the disease had been in existence a certain length of time. In 17 cases only, we were able to ascertain, in an exact manner, the precise epoch of the commencement of the complaint. We found that its first appearance was between the ages of 19 and 33 years, with a mean age of 25 years and a very small fraction. This difference, which amounts to five years between the average age of the patients at the commencement of the affection, and the average age attained at the time of coming under our observation, is sufficient to show us how great is the tendency of this disease to prolongation when left to itself.

*Constitution.**—The constitution was originally robust in 10 cases; in 9, moderately vigorous, and in 2, feeble. But, generally, if the disease had been of any considerable duration, it was very rare that the constitution was not more or less affected.

Temperament.—The difficulty which results in the appreciation of temperaments from the numerous combinations of the elements of each, in different individuals, led us to give special attention to this predisposing cause. Eighteen of our patients, only, have appeared to offer sufficiently predominant signs of this or that temperament to enable us to note it. In 6 the elements of the lymphatic temperament predominated, especially in one, in which the muscles were flaccid, the surface exsanguine, and the submaxillary ganglions engorged. In 6 others we found the elements of the lymphatic united to those of the nervous temperament. Five had a sanguine, and one a bilious temperament.

Leucorrhœa.—Leucorrhœa has been considered one of the causes of anteversion. Although, in order to elucidate this point, we have inquired as to its existence before the appearance of the other symptoms, information on this head has most often either failed us, or been extremely vague. Four patients very positively assured us that they were free from the discharge in question previously to their other troubles. Three only recollected having had it for a long time. A fourth told us that she had had it at a former period, as a sequence of a fall, and that it had disappeared a long time before the commencement of the anteversion. The rest gave us but very imperfect information on the subject.

Menstruation.—In relation to menstruation, we found it to have been generally well established at the outset, with the exception of those slight irregularities which almost always occur, and of which we shall make no account. One patient had been chlorotic for a year before the appearance of her menses, and three others had experienced during the first months, irregularities—delays sufficient to lead us to attach a certain degree of importance to them. Of those in whom menstruation had been once well established, four were affected with *dysmenorrhœa* occurring before the other symptoms, while in one alone there

* "The General Health" of Marshall Hall?—TRANS.

was a complete suppression of the menses during quite a long period of time. In this latter case, however, they had returned a very great while before the manifestation of the anteversion. We do not find, then, a single case in which suppression of the menses can be really regarded as a cause of this disease; and, I ask myself the question, if the authors who have mentioned this disorder in this light, have not taken the effect for the cause.

Parturition.—The influence of parturition is more interesting to study than that of the causes above enumerated. Of the 20 cases which can be of service to us in this investigation, 18 women had had one or more labors at the full term. Of this number, 12 had borne a single child, and had then gone 2, 3, and 5 years without having any. One among them had had two miscarriages after child-bearing.

Of the 6 others who had borne children, 1 had had two, 2 had had three, 1 had had four, one other five, and the last had borne six. In two cases the labor had been severe; in another it had been followed by hemorrhage; and in a fourth by inflammation. Saving these few exceptions, the labors had presented nothing peculiar.

One only of our patients *had risen too soon* (four days) after delivery. All the others had kept the bed at least nine days.

Such, gentlemen, are the facts I have been able to collect upon this subject. I give them to you not as an exact representation of that which is, or of that which must be, in the majority of cases (of which last I have not a sufficient number on which to found such a representation), but as a document which may be usefully consulted at need.

Miscarriage.—Three only of our patients had miscarried. In two of these the miscarriages had been followed by delivery at the full term, and, by consequence, had not been concerned in bringing about the displacements supervening at a later period. In the third, on the contrary, two successive miscarriages took place, after a first labor at the full term. The history of this case is so interesting that I feel compelled to lay it before you.

CASE II.*—A. C. entered the "Hôpital Beaujon," Sept. 27th, 1851—pale, thin, of a moderately good constitution. From the age of 12 to that of 16 years she had leucorrhœa, ceasing after the commencement of menstruation, which was laborious, and furnished but a scanty discharge. At 17, she underwent delivery at the full term, the labor lasting twenty-four hours, and there being no unfavorable symptom. She avoided undue exertion for several weeks, and the menses re-appeared regularly after the second month. At 26 years of age, after nine years of perfect health, she had a miscarriage at the second month, followed by attacks of hemorrhage, in consequence of which anemia set in, was treated by iron, and was succeeded by the re-establishment of health. But two years later a new pregnancy took place, at the commencement of which the patient was troubled with lumbar pains. Hemorrhage oc-

* All the cases cited having been explained at length, at the clinical visits, and remaining still in the hands of M. Valleix, to be, in all probability, re-produced at a future time, I shall give here only as succinct a summary as possible, and shall abstain especially from detailing the examination of the patients, when it presents nothing extraordinary.—T. GALLARD.

curred at the third month, and was followed by a new abortion. According to the statement of her physician, a portion of the placenta remained in the uterus, and was not expelled till several days had elapsed, and after the administration of ergot. A. C. was then obliged to keep the bed for six months, the menses not re-appearing till the third month. From that time she constantly experienced weakness in the limbs, feelings of weight and dragging sensations (*tiraillemens*) in the pelvis, in the loins, and in the groins. The appetite was irregular and the digestion impaired. There was no trouble either in defecation or in micturition. The pain occasioned by walking was so severe that latterly she had not left her chamber.

The 27th of December I examined her with M. Danyau, when we ascertained that there was an anteversion of the uterus. We made in conjunction with each other a sketch to recall the position in which we found the organ. This and the few following days the sound was passed. The operation was not painful, and was followed only by the flow of a few drops of blood. On the 30th, application—slightly fatiguing for the patient—of a pessary with an immovable stem (*redresseur à flexion fixe*), which was taken away, at the end of twenty-four hours, in consequence of the appearance of the menses ten or twelve days before their usual period. They were more abundant than was their wont.

The 10th of October, on examining the patient again with M. Danyau, I found the cervix still directed backward, but presenting its opening in such a manner as to be more easy of attainment. The body was inclined forward in its normal position. To the anteversion there had succeeded a slight flexion with a displacement of the cervix backward. The patient felt better, and at her request was allowed to leave the Hospital.

From the 16th to the 21st, she had quite a severe enteritis.

The 21st, I re-applied the pessary. It remained three days, at the end of which it was thrown out of place by a movement of the patient. Re-placed the 20th, it was well borne for thirteen days. It was taken away the 9th of December, in consequence of the appearance of the menses, which lasted twelve days. Those of January were also very abundant. After the pessary was removed, the uterus was found in its normal position, and has thus remained, as I had an opportunity of ascertaining scarcely a month since. Walking has become easy, and the symptoms which existed in connection with the digestive functions have disappeared. A. C. is in a state of health such as she did not enjoy from the commencement of her symptoms, up to the present time.

THE PULSE, CRANIAL DIMENSIONS, &c., OF THE SOUTHERN NEGRO CHILD, WITH SOME REMARKS UPON INFANTILE THERAPEUTICS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As there is much discrepancy existing in the accounts given of the physical characteristics of our negro race, I send you a few of the

physico-vital mensurations of the negro child, which I have carefully taken with a neat graduated tape, in the presence of reputable persons. I have thrown them together in tabular form, from which you can deduce your own analogical conclusions. I wish the tables were more extensive; but they were secured amid my daily peregrinations, and as the field is comparatively an unexplored one, I hope you and your readers will not ask too much at once, or hurriedly censure any slight inaccuracies which may occur, and which I shall be pleased to correct.

A Diagram of the Pulse, Cranial Dimensions, &c. of Southern Negro Children at different Ages and of both Sexes.

No.	Age.	Pulse.	Inter-Palpebral Occipito.	Cranial Circumference.	Sex.	Color.
1	3 yrs.	81	14 $\frac{1}{2}$	19 $\frac{1}{2}$	male.	dark.
2	7 "	82	15 $\frac{1}{2}$	21	"	"
3	4 "	83	15 $\frac{1}{2}$	20 $\frac{1}{2}$	"	"
4	4 "	85	15	20 $\frac{1}{2}$	"	"
5	3 "	87	13 $\frac{1}{2}$	19 $\frac{1}{2}$	"	"
6	4 "	84	14 $\frac{1}{2}$	20	"	"
7	6 "	84	14 $\frac{1}{2}$	20 $\frac{1}{2}$	female.	"
8	2 "	88	13 $\frac{1}{2}$	19	male.	"
9	2 "	88	13 $\frac{1}{2}$	19 $\frac{1}{2}$	"	light.
10	1 "	100	12 $\frac{1}{2}$	16 $\frac{1}{2}$	"	dark.
11	7 "	92	14 $\frac{1}{2}$	19 $\frac{1}{2}$	"	"
12	2 "	100	13 $\frac{1}{2}$	19 $\frac{1}{2}$	"	"
13	5 "	96	14 $\frac{1}{2}$	20	"	light.
14	5 "	96	14 $\frac{1}{2}$	19 $\frac{1}{2}$	"	"
15	7 "	98	14 $\frac{1}{2}$	20 $\frac{1}{2}$	female.	dark.
16	7 "	81	14 $\frac{1}{2}$	19 $\frac{1}{2}$	"	light.
17	7 "	81	14 $\frac{1}{2}$	19 $\frac{1}{2}$	"	"
18	6 "	88	14	19 $\frac{1}{2}$	"	dark.
19	5 "	86	14	19 $\frac{1}{2}$	male.	"
20	3 "	98	13 $\frac{1}{2}$	20 $\frac{1}{2}$	"	"
21	1 "	108	12 $\frac{1}{2}$	17 $\frac{1}{2}$	female.	light.
22	5 "	91	14	19 $\frac{1}{2}$	"	dark.
23	5 "	94	14 $\frac{1}{2}$	20 $\frac{1}{2}$	male.	"
24	3 "	100	13 $\frac{1}{2}$	18 $\frac{1}{2}$	"	light.
25	5 "	100	13 $\frac{1}{2}$	19	female.	"
26	6 "	100	14 $\frac{1}{2}$	19 $\frac{1}{2}$	"	"
27	7 "	85	14 $\frac{1}{2}$	20 $\frac{1}{2}$	"	dark.
28	3 "	102	13	19	male.	light.
29	2 "	107	13 $\frac{1}{2}$	18 $\frac{1}{2}$	"	"
30	6 ms.	116	10 $\frac{1}{2}$	15 $\frac{1}{2}$	female.	"
31	7 yrs.	92	14 $\frac{1}{2}$	20 $\frac{1}{2}$	male.	"
32	1 "	108	13 $\frac{1}{2}$	18 $\frac{1}{2}$	"	dark.

I do not claim for these data that they settle, beyond cavil, any question to which they relate; but as they are the only effort I have seen in this direction, I claim for them just what they *indicate of the*

subjects to which they refer, and no more, while every one can draw his own conclusions, upon inferential grounds. In the admeasurements I was very careful that they were all taken with a corrected measure; and the arterial beats were noted by a watch, and committed to paper at the moment. In casting up the tables, and making the comparative averages, I may have made some errors, for I did it under pressing professional circumstances; yet I beg the reader to point out all such inaccuracies, for I assure him I want nothing incorrect, as *truth* and *science* are too sacred to be prostituted to erroneous calculations upon statistical data which may be of paramount importance. In connection with these tables it was my design to furnish you with a series of similar ones upon the pulse, &c., of the white child; but circumstances have operated to prevent this, though I hope, at a future time, to fill the vacuum.

The Monthly and Annual Averages of the Negro Child's Pulse, upon Sexual and Non-sexual Principles.

The average rate of the male per min.	93.28
" " female "	93.80
At the age of 4 to 6 months	116.
" of 1 year	105.
" of 2 years	95.
" of 3 years	93.
" of 4 years	84.
The male from 1 to 4 years averages	95.
The female from 1 to 4 years averages	108

The Comparative Averages, and Annual Developments of the Negro Child's Head, upon Sexual Principles.

From the inter-palpebral space to basilar part of the occiput, in all sexes and ages tabularized	14 inches
The average circumference in all, &c.	17 "
At 6 months, the inter-palpebral and basilar occip. space, female	10½ "
1 year	12¼ "
5 years	14 "
6 years	14½ "
7 years	14½ "
Average circumference of the female head in all cases,	19 "
At 4 to 6 months	15½ "
1 year	17½ "
5 years	19 "
6 years	19½ "
7 years	20½ "
The average inter-palpebral and occipital space of male	14.15 "
At 1 year	12.75 "
2 years	13.75 "
3 to 4 years	16. "
3 to 7 years	16.62 "
The average circumference, male	19.55 "
At 1 year	11 "
2 years	19 "
3 years	19 "
4 to 5 years	19 "
6 years	20.85 "

An examination of the above tables will exhibit that the pulse of the male child is a shade faster than that of the female. This I have no doubt all subsequent investigations will verify. And I am farther inclined to think the pulse of the white child is faster than that of the negro. This is a mere opinion, however, subject to confirmation or disapproval hereafter. That climate, temperament, health, &c., control the pulse to some degree in all colors, sexes and ages, every man will admit; hence, it is a very difficult matter, if not impossible, to settle the pulse at any definite beat.

In the cranial developments of the sexes, it will be seen that the growth of the skull advances faster from six months to three years than at any other period. How far further tables may confirm this, I am not prepared to say, but will abide the only correct means of determining it, viz., *the mensuration of more subjects.*

I have thought, for a series of years, and yet think, that southern children weigh more at birth than those of New England, and I would be happy to exchange protocols with some gentleman upon this point. That southern children grow off faster, and develope sooner, than yours of New England, I think scarcely susceptible of controversy.

The southern negro child is a fat, healthy subject. You of Massachusetts would be astonished to see how the southerners raise them in the rural districts. They are the companions and playmates of the planter's own children; they mess together, and it is really amusing to see four or five little white urchins, and as many blacks, get around a dish of "*pot-liquor*" or a pan of molasses, each with a piece of corn bread, and every one master of "*all he surveys*." I have thought, if there was happiness in the world, this social exhibition and fraternity of feeling among the black and white children of the South, afforded it. If you dare intrude upon the white one of the gang, the black will resent it; if you infringe on the reserved privileges of *Davy*, the white child will repel it. I have not unfrequently seen my little son Johnny fight for his little negro playmates, and *vice versa*. This is a fair picture of the way they are raised in the country South. There may be some few and particular exceptions to it, but what I say is the common plan. The consequence is, when they grow up, under such influences, there is a mutual tie of reciprocal attachment, between the white and black, which nothing can sever. I have no kind of doubt but there are hundreds and thousands of southern blacks so ardently attached to the masters of their childhood, that in no event would they become free, if opportunity offered. But this is a digression, and I will pass on to a more practical and useful theme.

Infantile Therapeutics of the South.—I do not attempt to indite an essay of erudite learning upon this question, but merely to make a few suggestive details, of a practical character, that our brethren North may see how we far-off Georgians do things at home.

Diarrhæa.—Probably the most common of all diseases South, among our children, is *bowel disease*. It originates in the spring and summer months, from the uncontrolled use of fruit, and other causes. The negro and white child South, are the finest specimens of rude democracy and republicanism you ever saw; they eat *plums, apples,*

peaches, melons, vegetables, &c., *ad satisfaciendum*, and no man dare interfere at "that fig tree." They eat comparatively little meat. The result is, bowel affections of a lienteric and other characters. Sometimes the affection grows obstinate, inducing fever, intestinal pain, &c.; and unless a prudent prescription is made, it now and then proves fatal. Indeed, I may say that at least half of our infantile mortality arises from this affection. The most common plan of treating the disease, when febrile symptoms supervene, is the mercurial practice. I have found it very successful, in combination with soda and the cretaceous mixture. I have long since repudiated the idea of a mercurial in everything. I admire its virtues when properly and legitimately administered, but I have no doubt that many a child has been sent to an untimely grave by its injudicious use in this disease. It is perfectly preposterous to suppose that the liver is at fault in every case of infantile diarrhœa, and that a mercurial is therefore the remedy. I am confident many children are sacrificed to this isolated abstraction, which has its origin in error, and its end too often in death. The purgative plan is fallacious. To me it appears unphilosophical to be dosing a child with purgatives, to remedy a disease, the prominent feature of which is *too much purgation*. I usually give a mercurial or other laxative, as may suggest, to clear the track of the intestines of any effete matter. I then use astringent, cretaceous or other mixtures, with poultices, and leeches if necessary, to the abdomen. In obstinate cases of long continuance, I have used the persesquin. iron very successfully, in connection with opium. Enemas of tannin, and other astringents, go admirably, but I have never derived much good from nit. argenti.

Trismus Nascentium.—I have heard much of trismus, but have seen little of it, and I am loth to think it is as common as has been suspected. I have seen many children die in convulsions, some of which cases would doubtless be called trismus, but I cannot permit myself to apply a desperate name to every loss I have, merely to cover my bill of mortality in an excusable way. I am fearful that the diagnosis of our brethren is at fault about this trismus question; or at least that it does not occur as often in country practice as in city. What cases I have seen have been fatal, none recovering. I regard it as a disease of great havoc; but for the comfort of mothers, I am happy to say, that, so far as my information and observation extends—it is of very rare occurrence. I make no therapeutic suggestion, as I have none worthy of confidence.

Remittent and Intermittent Fever.—The diarrhœa of southern children occasionally degenerates into remittent or intermittent fever, or sometimes I have seen an intermittent diarrhœa, with pure febrile signs; but I imagine pure and uncomplicated remittent and intermittent fever is not so common now as formerly. It sometimes occurs, and it is more difficult to manage than in the adult. I usually, for the first form, adopt the mercurial practice gently, and if I can find a remission sufficiently obvious, I use quinine. If the bowels pass off too much, with tormina, I use poultices, opium, and leeches if necessary. This plan will generally succeed, unless the case is malignant, and then the judgment must

determine the general curriculum of management. The intermittent form of the disease yields readily to quinine, arsenic, and other antiperiodics.

Convulsions.—From a variety of causes, such as over-eating, using crude food, &c., southern children often have convulsions. I see a great number of such cases. The best plan of treatment is to clear the bowels rapidly with an enema or brisk purgative. But if the fit depend upon a looseness of bowels, as is sometimes the case, I give invariably an opiate; leech and poultice the bowels, use the warm bath, with the cold douche, and while in bed keep the temples leeches, and head covered with cold linen, made so by cold water or ice. I have never had any cause to regret this general practice—always cutting the gums if necessary.

Aphtha.—Southern children at the breast frequently have thrush, which I think is caused by an accumulation of milk in the mouth; and I usually prescribe a prophylactic with marked benefit—that is, *to wash the child's mouth with cold water and a soft linen after nursing, and also the nipple.* Adopting this simple plan, I have never had a case of aphtha in my own family, and I hear the same success follows the adoption of it by others. When, however, I meet a case, I usually prescribe a solution of sulph. zinc, or the chloride soda, for the cure, and I prefer them to all other agents. When the aphtha is complicated with intestinal or bronchial disorder, the treatment must be modified to suit the demand.

Hooping Cough.—This affection sometimes occurs in country practice, and I have seen it occasionally. In this clime it requires a mild expectorant treatment, and is rarely fatal in its simple form. A decoction of peach leaf is a fine domestic remedy for it, assisted with syrup scilla and pargoric.

Measles and Scarlatina.—Both affections prevail in our rural districts, in an epidemic form sometimes. The former requires but little management to insure safety. Keep warm, drink warm teas, and avoid atmospheric exposure, and the cases usually convalesce. Children here suffer but little from it, unless it is a very malignant variety.

Scarlet fever, in former years, has killed a great many children; but I am inclined to think it has partly resulted from a therapeutic error. The disease requires the mildest treatment; gentle emetics, poultices to the throat, gargles, scarifications, and mild laxatives or injections, constitute the rational plan, while harsh medication is deleterious. The learned and complicated plans of treating it put forth by Armstrong, Condie and others, have not only obscured rational thought upon its pathology, but have prevented the use of proper remedies. The treatment laid down by them may do in a frigid clime, but it is death here.

I might extend this paper to a much greater length, but my time and engagements will not permit. I hope the few fugitive thoughts which I have carelessly thrown together, may meet with the attention if not edify the medical practitioners of the North. I am sure, in my own mind, that the difference in our latitudinal positions makes a material one in our therapeutics. I think, also, the southern child is unable to stand the infliction of general venesection, while it bears leeching pretty fairly,

Nor will the child in this region bear drastic medication of any kind, in any considerable degree.

If in any of these opinions I err, I stand ready for correction. I am not forgetful of the old maxim—"To err is human;" and while I grant its truth in regard to others, in all the charity imaginable, I ask an extension of its kindly influence to myself.

In great haste, &c.,

Thompson, Geo., May 28, 1853.

H. A. RAMSAY.

PERMANENT CURE OF REDUCIBLE HERNIA.

[GEORGE HEATON, M.D., of Boston, whose success in the treatment of hernia is extensively acknowledged, has issued in a pamphlet form a review of the Report of the Committee on Hernia appointed last year by the American Medical Association. Of course we shall not undertake to comment particularly on the matter in dispute between Dr. H. and the Committee, but shall copy a portion of his pamphlet, as we did of theirs, to show our readers what he has published concerning his mode of operating by injection. The question in which the profession are interested, is simply this—Can reducible hernia be cured? The large number of successful cases cited by Dr. Heaton in his appendix, shows that his method operates well in practice, and would seem to answer the question in the affirmative. Those who have read the report of the Committee alluded to, will be interested in the perusal of the review of it, and they will then be enabled to appreciate the labors of each party in the literature as well as the practice of hernial surgery. The following brief extracts from it are all that it is necessary for us to copy.—Ed.]

As the Committee have much to say of the operation by injection, the value of which, in my opinion, they exaggerate entirely, and the origin of which, whether accidentally or intentionally, they attribute to the wrong source, I will give the true account of the origin and value of this operation; from which, I will premise, two conclusions will be obvious, at variance with those to which the Committee seem to have come. First, that Dr. Pancoast is not the originator of the operation by injection; that I performed it, and described it to my friend Dr. Mott, of New York; and, moreover, that Dr. Jayne, of Illinois, had invented an instrument for performing said operation, and secured letters patent on the same two years before Dr. Pancoast, according to his own account, made any experiments with it. Secondly, that the sub-cutaneous operation by injection of the hernial sac, is neither a simple nor advisable operation; that, although successful in many cases, if rightly performed, the difficulty of performing it without bad consequences ought to condemn it entirely.

My attention, with that of Dr. Hart, of Alton, Illinois, was first directed more particularly to the operation by injection of the sac, for the radical cure of hernia, by Dr. Jayne, who had invented an instrument for performing such an operation, and before coming to us, had, in the year 1840, secured a patent on the same.

Having at that time under our care several cases of reducible hernia, among the convicts in the Penitentiary at Alton, we immediately set

about testing the value of the operation on the persons of these, and also on some of the blacks at St. Louis. The operation consisted in injection of the sac subcutaneously with an irritating fluid, by means of the instrument before mentioned. In the selection of a fluid for the purpose, Dr. Jayne gave the preference to some one of the essential oils, using now and then tincture of cantharides. In my first operations I used, also, the essential oils, but soon abandoned them for the tincture of iodine. I believe, therefore, that I performed the operation of injection with iodine, of which so much has been said, before any other man.

Before our experiments, the operation of injection by the subcutaneous method had never been performed in this country or in Europe. At least no report had been made of any such operation, and there is no reason to suppose that it had ever been undertaken.

With the success of these experiments we were much elated, and felt that the desideratum for the radical cure of hernia had at length been discovered. Subsequently, in November, 1841, I communicated the result of the operation to Dr. Valentine Mott, of New York. He expressed himself highly pleased with it, and made a complimentary allusion to it in his lectures before the University. * * * * *

The operation by injection, in many cases so satisfactory and apparently so permanent, in others was not so. Frequently it required to be repeated several times on the same individual, and in all cases the utmost care was required in its performance to avoid troublesome consequences, as, I understood, those of the Committee who undertook it found out.

Becoming dissatisfied with this operation, and having already, in the course of my investigations, tested every principle of any degree of plausibility which had been suggested or relied upon by operators in times past, for the cure of hernia, with no satisfactory results, I felt that the only hope of permanent cure in all or in a majority of cases of hernia, lay in some *modus operandi*, the effect of which should be an approximation of the pillars of the abdominal ring, or a closure of the tendinous openings. For a long time, therefore, I conducted all my researches with a view of getting at some principle which would enable me to accomplish this.

These researches, in which of necessity I was obliged to rely almost entirely on theory alone, did conduct me, I am happy to say, to precisely such a principle; a principle on which I have based a mode of treatment and operation which closes effectually and permanently the various openings through which hernial protrusions take place. Not only, indeed, does it do this, but in those cases where, from a general weakness resulting from the extreme delicacy of the textures connected with hernia, or a thinness, as it were, of the *parietes abdominales*, there is a positive predisposition to the complaint, I have found that it rendered the part firmer and better able to resist pressure than its original condition.

In such cases, where there has been a recurrence of hernia, I have almost invariably found it occurring at some other opening. Thus, when I have cured a person of oblique inguinal hernia, and he has afterwards, from a fall or violent strain, brought it on anew, it has proved, almost without exception, to be direct inguinal hernia.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JUNE 15, 1853.

Galvanism.—C. H. Cleaveland, M.D., formerly of Waterbury, Vt., is the author of a pamphlet, heralding the great remedial powers of galvanism. Almost every disease is represented in it as vanishing before the influence of this extraordinary agent, and on this account it has the appearance of being nothing more nor less than a special advertisement. Towards the close, there are comments on Seymour's Galvanic Supporters, which rather confirms the reader in the opinion that the immense good to the public to be accomplished by the circulation of the pamphlet is to be accompanied by a special benefit to the proprietors. Men are rarely so purely benevolent as to collect and arrange the number of alleged facts brought together in this instance, for no other purpose than the good of those who may read them. Perhaps it may be discovered hereafter, that Dr. Cleaveland, who is well known as a writer in our medical periodicals, has had extensive experience in the administration of this most potent of nature's instrumentalities, and that the instruments he recommends are of great value. No one holds in higher estimation than ourselves, the appropriate use of medical electricity; but there is an absurdity on the face of the proposition, that because it has proved an efficient remedy in one case, or half a dozen cases, it is therefore a panacea for all others.

Fusel Oil.—A correspondent in Connecticut is desirous to have something more in the Journal about fusel oil. Whether in pulmonary affections any decided benefit has been derived by the use of it, is not precisely settled. Some expectations were raised, at one time, that important results would follow its use. It was even almost believed that the development of tubercles in the lungs might be arrested by the new medical agent. Of late, very little is said upon the subject. Dr. Charles T. Jackson's paper, which was given in this Journal some months since, embraced the whole ground in regard to its chemical origin. Those who have had practical experience in its administration, and are therefore familiar with its therapeutic properties, should make them known to the medical public.

"*Duties, Discouragements and Hopes of the Medical Profession*," is the title of a discourse before the State Medical Society of Louisiana, by J. M. W. Picton, M.D., late President of the Institution. Here at the North Dr. P. is principally known as a surgeon. A great operation performed by him at New Orleans, some years ago—the life of a negro being saved by the excision of an enormous scrotal enlargement—is still distinctly remembered. We discover by the address that the hopes, duties and discouragements of medical gentlemen at the South, are pretty much like our own in this forty-second degree of north latitude. At the beginning of the address reference is made to the ceaseless activity of the age. The mental energies are necessarily taxed severely, if any additions are intended to be made to the present storehouse of knowledge left us by our predecessors. Those who have the elements of progression in their composition,

have a busy time of it. Dr. Picton has an orderly mode of reasoning, and a vigor and cogency in presenting truth, united with an active temperament, a disciplined mind, and a thorough insight into the mysteries of medical life. His cultivated taste is indicated by poetical extracts liberally interspersed through the text. They express sentiments in elegant forms, and by their terseness impress the mind more forcibly than the same thoughts in a different arrangement of language, and are therefore pleasant additions to the author's train of remarks. While Dr. Picton discusses the gratifications and grievances incident to a professional career, he refers to weaknesses belonging to the unrewarded servants of the community. "Even the village surgeon," he says, "now acts according to the newest fashion of some great transatlantic operator; and when two country physicians meet for consultation in the log cabin of a back-woodsman, they discuss the propriety of a practice, which, but thirty days before, had been proposed by a professor in one of the ancient Universities of Europe." A gentleman who can write with so much strength, should either tax himself or be stimulated by his friends to contribute largely to the archives of medical literature.

Suffolk District Medical Society—Dr. Williams's Address.—On the 30th of April, the fourth anniversary meeting of the Suffolk District Medical Society was held in Boston, and Henry W. Williams, M.D., one of the members, delivered an address which has since been published. After a proper allusion to the obligations imposed on the practitioner of medicine, the main subject of the speaker was diseases of the eye. He did not particularize symptoms, or fatigue his audience by tedious descriptions of morbid appearances. In the following sentence he expressed precisely what every one who heard him acknowledged to be true. "It is natural that, sooner or later, almost every physician should acquire a reputation for his knowledge or management of some particular diseases." In this section of the country, and especially in the large cities, individual practitioners are beginning to conduct a single branch of practice. The public believe that a disease can be more securely given in charge to a man whose entire thoughts are bestowed upon one malady, than to one whose mind is distracted with general practice. No matter how many fulminating edicts may be circulated against this tendency of the day, it cannot be arrested. The divisions of practice will be established, and special practitioners are becoming more skilful, while the benefit to the community as well as their own receipts are greater. Dr. Williams is an oculist of whom we hear an excellent account, and he is destined for eminence as such. His remarks in this address are practical and judicious, and may be read with profit by every practitioner. It is complimentary to him that the First Medical District Society in the State should have published his address at their own expense.

Reasoning from Effects.—A reverend gentleman, Dr. Noyes, of Providence, R. I., towards the completion of a series of lectures on the "Truth of the Bible," addressed a note to his friend, Abner Phelps, M.D., of Boston, for the purpose of obtaining his views, as a physiologist, respecting the flow of water from the wound made by the centurion in our Saviour's side, while he was upon the cross. A common opinion seems to be prevalent among theologians, that the pericardium was punctured, and that

the fluid was from that source. Dr. Phelps returned an answer to Dr. Noyes's request, which appears at the close of the volume of lectures, and is of unusual interest. It presents a critical analysis of the whole transaction, to its melancholy termination. Dr. P. shows, that had water existed in the pericardium, in sufficient quantity to have been called a flow, it would have indicated disease. But the Redeemer was without spot or blemish, and in perfect health, as a man, at the eventful period of the crucifixion. After a variety of ingenious and elaborate arguments, Dr. Phelps presents a new theory, explanatory of the apparent difficulty of accounting for the water. He has, with commendable zeal, collected facts enough to show that at death, the serum is separated, but not before, and hence the Saviour must have been dead when the wound was made. Here is the pith of the matter—"The veins generally contain about two thirds of the whole mass of the blood, without any oxygen in it; while the arteries contain about one third part, with oxygen. Consequently, if the whole mass of blood in the body, contained fifteen pints of water, the arteries would contain five pints, when the blood therein had coagulated—or, in other words, had concreted, which is merely the separation of the serum from the crassamentum." Dr. Phelps supposes that a cut artery would permit the escape of serum—and thus the water is accounted for on plain anatomical principles.

Another question has also been investigated by the same indefatigable student of the Bible. Some have imagined that it would be quite impossible to drive a heavy iron spike through the hands or feet, without breaking a bone. Dr. Phelps went to the medical college, where facilities were presented for conducting a sufficient number of experiments to satisfy the most incredulous, and found that the act may be performed many times in succession, without disturbing essentially the relations of the bony parts. Dr. Phelps has secured to himself the reputation of being a bold inquirer. He pursues his investigations with an ardor that is never satisfied with anything short of an actual demonstration, where such is possible.

Nothing New in Medicine.—This is a common observation, and from being in every body's mouth is presumed to be true. But, after all, there must be some advances making in practical medicine, as well as in everything else. An examination of the past proves, beyond contradiction, that up to this time, there has been constant progress in the science. Yet there are conservatives in the medical ranks, as well as among politicians, who are perpetually saying, in effect—"pray, gentlemen, let well enough alone." Thousands of physicians neither think nor explore beyond the chart placed before them in the books. They have a distaste for innovations, and would much prefer to live out their three score and ten years in the happy conviction that Cullen's Practice and Motherby's folio Dictionary embody all that is worth knowing in the divine art of healing. They neither purchase new books nor give their sanction to modern pathological investigations. They firmly set their faces against vaunted discoveries in the materia medica and in surgery; and, above all, the use of ether or chloroform, to obliterate sensation under any circumstances, strikes them with a kind of holy horror. Could we dwell upon the subject, it might be shown that through the efforts of medical men, sanitary measures have been put in force; uninhabited districts changed into delightful residences; the public health of European and American cities greatly

improved, and the longevity of the world thereby promoted. Who, then, can proclaim, with a show of truth, that there are no advances in medical science? Each revolving year brings something to delight or astonish the conscientious physician, as each discovery arms him with new powers for contending against prejudice, conservative idleness and the inroads of disease.

Poisonous Dropsical Inoculation.—An accident of a singular and dangerous nature recently befel the celebrated surgeon Prof. Langenbeck, in Berlin. Having been called in to attend a lady of high rank, in a most advanced and perilous stage of dropsy, Dr. L. deemed it necessary to proceed without delay, to puncturation, and this without waiting for other assistance. The operation was, therefore, instantly and successfully performed, and the patient, previously at death's door, relieved and saved. During the operation, however, some of the acrid discharge fell upon his hand, and was of course washed off when the work was completed; but ere long the hand, arm, throat and neighboring regions began to swell, and all the febrile and inflammatory symptoms of animal poison ensued, Vigorous remedies were forthwith employed, and the danger averted, but the Professor is not yet so entirely recovered as to enjoy the full use of the side affected, whilst the venom has shown its lurking agency by causing eruptions on other parts of the body.

Medical Miscellany.—Dr. Jos. Leidy, of Philadelphia, has been appointed Professor of Anatomy in the University of Pennsylvania, in place of Dr. Horner, deceased; and Dr. Wm. B. Page has been appointed one of the surgeons of St. Joseph's Hospital, Philadelphia, also in place of Dr. Horner.—The American Medical Society of Paris has issued a circular, making known several additions to its constitution, whereby its usefulness will be likely to be increased. All communications and books for the Society are received and forwarded by Mr. Edw. Bossange, 134 Pearl street, New York.—Dr. W. G. Edwards, Professor of Clinical Medicine, &c., in the Medical Department of St. Louis University, has resigned his chair.—A letter from Dr. H. A. Ramsay, of Georgia, to Dr. Bryan, of Philadelphia, on the southern negro, has been issued in a pamphlet. Dr. R. has an article on the same subject in the Journal of to-day.—Dr. J. L. Smith's essay on the sudden coma of typhus and typhoid Fevers, and typhoid pneumonia, has been re-published in a pamphlet from the New York Journal of Medicine.—Drs. Wood and Bache are on a visit from this country to Paris.

MARRIED.—At Bridgewater, Dr. Luther W. Clarke, of Lake Superior, to Miss Mary G. Thacher.

DIED.—At New York, Ralph E. Elliot, M.D., of South Carolina, 55, a graduate of Harvard College in the class of 1818.

Deaths in Boston for the week ending Saturday noon, June 11th, 69. Males, 37—females, 32. Accidents, 2—apoplexy, 1—inflammation of the bowels, 2—disease of the brain, 5—burns and scalds, 1—consumption, 15—convulsions, 1—croup, 2—cancer, 1—dropsy, 1—dropsy in head, 3—drowned, 1—infantile diseases, 2—puerperal, 4—scarlet fever, 5—disease of heart, 3—disease of hip, 1—intemperance, 1—inflammation, 1—inflammation of the lungs, 6—congestion of the lungs, 1—marasmus, 3—mortification, 1—sun stroke, 1—itching, 1—pleurisy, 1—thrush, 1—unknown, 2.

Under 5 years, 30—between 5 and 20 years, 11—between 20 and 40 years, 15—between 40 and 60 years, 11—over 60 years, 2. Born in the United States, 49—Ireland, 15—England, 2—Scotland, 1—Wales, 1—Germany, 1. The above includes 7 deaths in the city institutions.

Statistics of Paris for 1853.—The Parisian correspondent of the Virginia Medical and Surgical Journal gives the following minute particulars respecting the mortality and other matters of the city of Paris for the first month in the present year.

"There died in January 3070 persons; 1569 males, 1501 females, being 539 more than in December. Of these, 272 males and 214 females were less than three months old; between 3 months and 1 year, 91 males, 79 females; between 1 and 6 years 221 males, 230 females; between 6 and 8 years, 23 males, 18 females; between 8 and 15 years, 37 males, 39 females; between 15 and 20 years, 50 males, 75 females; between 20 and 30 years, 177 males, 172 females; between 30 and 40 years 128 males, 140 females; between 40 and 50 years, 144 males, 113 females; between 50 and 60 years, 138 males, 122 females; between 60 and 70 years 112 males, 116 females; between 70 and 80 years, 98 males, 119 females; between 80 and 100 years, 48 males, 67 females. January includes 160 deaths of children under 6 years, and 334 deaths of persons upwards of 15 years, more than occurred in December. 196 males, 205 females, died of pulmonary phthisis; 109 males, 139 females, of pneumonia; 98 males, 125 females, of pulmonary catarrh; 140 males, 143 females, of enteritis; 180 males, 105 females, of typhoid fever; 72 males, 40 females, of brain fever; 55 males, 50 females, of apoplexy. 116 males, 95 females, were stillborn. 21 boys, 27 girls, of croup; 28 boys, 25 girls, of convulsions; 2 adult males, and 6 adult females; 19 boys, 16 girls, and 1 female between 20 and 30 years, of measles; 5 boys, 6 girls under 8 years, 13 males, 10 females, and 1 female of 50, of smallpox; 473 males, 500 females, of divers and unenumerated diseases. 22 males, 7 females between 20—60 years, 1 male and 1 female between 15—20 years, and 2 men above 60 years, committed suicide. 162 lunatics were sent to the asylums, 67 lunatics were liberated, 43 died. The Prefecture of Police placed in the *hospices* 19 children between 2—13 years; 21 temporarily; 119 below 2 years, abandoned; the *hospices* received directly 7 children between 2—12 years, 48 below 2 years. 16 lost children have been returned to their parents. Of the 119 children below 2 years, 6 have been ascertained to be legitimate, 107 natural, the rest uncertain; 30 were born in the *Maisons Hospitalieres*, 39 in the midwives' houses. Information was obtained about 101 mothers, 14 are Parisians, 87 from the country, 33 have their parents, 37 are orphans, 12 are motherless, 20 fatherless, 36 have previously had children, 96 declare the fathers of their children have abandoned them, 5 receive aid from them. Among the mothers 14 are linen-seamstresses, 10 seamstresses, 8 day-workers, 3 embroiderers, 39 maids, 1 shop book-keeper.

Pulmonary Calcareous Concretions.—We are indebted to Dr. Jas. M. Scaife, of Claiborn Parish, Louisiana, for several very handsome specimens of calcareous concretions expectorated by a patient affected with consumption. The doctor states that quite a large number of them were coughed up with purulent matter.

Such concretions, however, are not confined to phthisical subjects, but have been observed in the lungs of persons who have died without any serious lesion of these organs. They usually consist principally of phosphate of lime—and sometimes exist in very great numbers in the pulmonary tissue.—*Southern Medical and Surgical Journal*.